

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010237

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22

Primary Registration District No. 3013

Registrar's No. 43

FILED MAR 21 1962

VS 300
Rev. 4/59

16004

26009

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>No. KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.K.C. MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>5520 E. 49th ST. No.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LARRY WISS HAWKINS</u>		4. DATE OF DEATH Month Day Year <u>3 - 11 - 62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		11. BIRTHPLACE (City and state or country) <u>GAMERON Mo.</u>	
13a. FATHER'S NAME <u>HARRY L. HAWKINS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>MRS. RAY FEIGERT</u>		Address <u>5520 E. 49th St. No. K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dilatation, right heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-6 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Massive metastases, lungs</u>	
		DUE TO (c) <u>Embryonal Rhabdomyosarcoma, right leg</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Leukopenia complication of radiation therapy</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Nov 12 1961</u> to <u>March 11, 1962</u> and last saw him alive on <u>March 10, 1962</u> Death occurred at <u>7 45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harry B. Cheresch M.D.</u>		22b. ADDRESS <u>600 Professional Bldg. Kansas City 6, Mo.</u>	
22c. DATE SIGNED <u>3-12-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>3-13-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>GAMERON Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. NEWCOMER'S SONS N.K.C., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-13-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Alice L. Humphries, Dep. Reg.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. OVERESA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John V. Henrich

Licensed Embalmer No. 4848

P. O. Address B-6-17, 100

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.